



# CASE

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Ohio Substance Abuse and Mental Illness  
Coordinating Center of Excellence  
OHIO SAMI CCOE

## IMPLEMENTING IDDT

*A step-by-step guide to  
stages of organizational change*

**SAMPLE**



# INTRODUCTION

The Integrated Dual Disorder Treatment (IDDT) model is an evidence-based practice that improves the quality of life for people with co-occurring mental and substance use disorders.



**Systems change**  
**Organizational change**  
**Clinical change**

This booklet outlines the stages-of-change technology that the Ohio SAMI CCOE utilizes with policy makers, administrators, team leaders, service providers, community stakeholders, and steering committees to guide them through the process of implementing the Integrated Dual Disorder Treatment (IDDT) model. IDDT is an evidence-based practice (EBP) for people with co-occurring mental and substance use disorders (see Drake 1998, 2001 in Sources on page 38).

Each stage of change in this booklet contains expectations, strategies, and action steps that will help you fulfill incremental goals during

the implementation process. The stage-wise approach is important because it sets a realistic, manageable pace for achieving high fidelity to IDDT and improved outcomes.

This booklet serves three specific purposes:

- It provides a brief overview of all the stages of change and, thus, helps develop realistic expectations for the implementation process.
- It provides a benchmark for your current activities.
- It serves as a record (or checklist) of the incremental progress that you make over time.

STAGE	1	2	3	4	5
Stages of change	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
Stages of implementation	Unaware or uninterested	Consensus building	Motivating	Implementing	Sustaining

The stages of change are adapted from James O. Prochaska, et al., and the stages of implementation are adapted from Pamela S. Hyde, et al. (see Sources on page 38).

## STAGES OF CHANGE

You are about to discover that the process of organizational change and service systems change is not much different than the process of personal change that your clients utilize on the road to recovery. The explanation is simple. Change is change, no matter what the setting or purpose. Individuals must be ready, willing, and able to do the work. They must also have support from people who will respect, evaluate, and encourage their efforts along the way. Consumers in mental health and substance abuse treatment find assistance from service providers who help them navigate their personal recovery journeys. Organizations and systems that implement service innovations find guidance from technical-assistance organizations (or other sources of technical support), which help them navigate a complex web of relationships and change processes.

There is a relationship-based clinical technology called *stages of change* that research has validated as effective for people who want and need to enhance the quality of their lives. The technology is based on the premise that change occurs incrementally over time through five stages—pre-contemplation, contemplation, preparation, action, and maintenance (see Prochaska and Connors in Sources on page 38). Thus, for people with co-occurring mental and substance use disorders, *big* changes like sobriety, symptom management, and an increase in independent living are built upon a series of *small, incremental* changes in their thinking and behavior. Likewise, for organizations and systems that are implementing IDDT, *big* changes like high fidelity and improved outcomes are built upon a series of *small, incremental* changes in philosophies, policies, and individual practices.

## SUPPORTING RECOVERY

The IDDT model is not a conventional service that is implemented within organizations simply to respond to specific client needs, such as improving social skills, anger management, or personal health. IDDT is implemented to reinvent service systems, organizations, and individual clinical practices to support positive personal change and recovery among people with co-occurring mental and substance use disorders and their social support networks. IDDT is designed to enhance consumer outcomes, program outcomes, and system outcomes simultaneously. When you implement this service model, you begin with the desired outcomes in mind.

### Core components

There are 12 organizational characteristics and 14 treatment characteristics of the IDDT model that are called *fidelity domains* (see page 5). These domains encourage systems and organizations to develop holistic integrated system structures and treatments that promote the physical, emotional, social, and economic well-being of people with co-occurring disorders. These core components also provide a structure for a continuous quality-improvement process that addresses both organizational and clinical outcomes. Research demonstrates that organizations generate improved outcomes when they maintain fidelity to the components of IDDT (see McHugo in Sources on page 38). In other words, successful implementation requires your personal and organizational commitment to positive change.

# SAMPLE

## STAGE 2 CONTEMPLATION

“At some point, someone has to think about making use of an innovation. This requires some degree of awareness that leads to acquisition of information and exploration of options.”

—Dean L. Fixsen, et al. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa: University of South Florida, Louis de la Parte Florida Mental Health Institute, p15.



# Consensus building

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This stage is characterized by thinking about and evaluating the advantages and disadvantages of implementing IDDT, exploring your concerns about the process, and engaging in a relationship with a technical-assistance organization (or another source of support) to access the lessons that have already been learned by other service systems and organizations. All of these activities will help you evaluate your readiness, willingness, and ability to begin the implementation process. The activities will also demonstrate that you are not alone. You do not have to repeat the same mistakes that others have made.

Full implementation of IDDT creates big changes incrementally over time. Managing these changes requires a significant investment of time, energy, and human resources—and sometimes financial resources. Therefore, you need to know what to expect. IDDT programs provide services for both mental and substance use disorders in the same place and with the

same treatment staff, who help clients address both issues at the same time. To accomplish this, many administrative and clinical components of service systems and organizations need to be reevaluated, rearranged, reinvented, or refinanced. Use this section of the booklet to engage in some serious administrative introspection about implementation.

Keep in mind that you should not try to rush through the implementation process. Many successful IDDT programs have taken an entire year to complete the contemplation and preparation stages (see chart below). The pace of implementation is different for every organization. It is useful to proceed carefully and deliberately (see Tip on page 13).

From time to time, ask members of your organization an important question about IDDT implementation: “Is this what we want to do?”

Evaluate your readiness, willingness, and ability to begin the implementation process.

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|---|--|
| 1 CONDUCT A NEEDS ASSESSMENT                      | 6 ENGAGE TECHNICAL ASSISTANCE            |
| 2 DEVELOP AWARENESS OF AVAILABLE OPTIONS          | 7 ASSESS THE PROS AND CONS               |
| 3 IDENTIFY CURRENT PRACTICES AND RATIONALES       | 8 DEVELOP INFORMED CONSENT AND CONSENSUS |
| 4 EXAMINE YOUR MISSION, VALUES, GOALS, AND VISION | 9 EXPLORE CONCERNS                       |
| 5 CHECK IT OUT                                    |  |

### 1 CONDUCT A NEEDS ASSESSMENT

The motivation to change your policies and practices must ultimately come from inside your system or your organization. Otherwise, there will be a lot of resistance and little change. It is important that you and your community arrive at your own informed conclusion about the service needs and outcomes of people with co-occurring disorders in your region. Be aware that leaders may be reluctant or unable to address the service needs and outcomes. You might not have a mechanism for collecting, evaluating, reporting, and discussing the significance of the data. Conduct your own comprehensive Needs Assessment. It will help get you started.

A comprehensive assessment identifies consumers with severe mental illness and co-occurring substance use disorders who will benefit from IDDT. It then identifies *all* of the service needs of *all* clients in your agency and community. It also identifies which services your clients do and do not utilize. To get this information, system administrators typically involve many stakeholders. Agency administrators involve all departments in their organization and all community stakeholders who might interact with clients (see stakeholder list on page 4). Ask them to report the following about their interactions with your clients:

- Types of service used
- Frequency of service use
- Duration of service use
- Costs for current service utilization

The Needs Assessment also requires you to ask your clients and their family members about service utilization and quality-of-life outcomes.

### 2 DEVELOP AWARENESS OF AVAILABLE OPTIONS

Evaluate the results of your Needs Assessment. Which client groups experience the greatest need and the most problematic quality-of-life outcomes? Which client groups are the most expensive to serve? Plan to direct your policy and practice innovations toward them. If the outcomes for people with co-occurring mental and substance use disorders are the most negative, conduct your own research of all available service innovations that will benefit them, including EBPs. However, if these clients experience significant rates

of recovery with your current practices, there may be little need for change, especially if you are keenly aware of the factors that contribute to the positive outcomes. If this is the case, be sure you have mechanisms in place to maintain these practices.

There are many options available to enhance services for people with mental and substance use disorders. Analyze all options and choose one that fits the needs of your region or community. For instance, there are several EBPs that have been designed and tested for a variety of mental disorders as well as for dual disorders. Some of these EBPs include the following:

- Assertive Community Treatment (ACT)
- Integrated Dual Disorder Treatment (IDDT)
- Supported Employment (SE)
- Illness Management and Recovery (IMR)
- Family Psychoeducation (FPE)
- Medication Management Approaches in Psychiatry (MedMAP)

### 3 IDENTIFY CURRENT PRACTICES AND RATIONALES

Before you reach the conclusion that you need IDDT, establish a rationale for it. Compare the policies, structures, and outcomes of your current practices with the EBPs that you have researched. Is there potential for improvement with the EBPs? Subject your status quo to your own analysis. Ask yourself and key stakeholders an important question: “Why do we provide services this way?” If your answer is “because we’ve always done it like this,” ask another important question: “Are we making every effort possible to help our clients strive to achieve *their* greatest potential for living independent, satisfying lives in the community?”

### 4 EXAMINE YOUR MISSION, VALUES, GOALS, AND VISION

- What is the purpose of your system or agency?
- What outcomes do your clients and their family members want to achieve?
- What assumptions do you make about your clients?

### 5 CHECK IT OUT

Before you spend any money or ask your staff to throw out the old to make room for the new, prepare yourself, your service system, and your organization with information. It will help everyone manage their anxiety about potential failure, and it will help everyone manage practical concerns about providing and funding services. Here are a few things you can do to develop realistic expectations about the challenges and successes ahead.

#### Common elements of evidence-based programs

- Clear philosophy, beliefs, and values
- Specific treatment components (treatment technologies)
- Treatment decision making (within the program framework)
- Structured service delivery components
- Continuous improvement components that encourage innovation

—Dissemination Working Group, 1999 (see Fixsen, et al., p27 in Sources on page 38).

# OHIO SAMI CCOE

## ABOUT US

The Ohio SAMI CCOE is a technical-assistance organization that promotes knowledge development and the implementation of evidence-based practices (EBPs) for the treatment and recovery of people with mental and substance use disorders. The SAMI CCOE helps service systems, organizations, and providers implement and sustain the Integrated Dual Disorder Treatment (IDDT) model, maintain fidelity to the model, and develop collaborations within local communities that enhance the quality of life for consumers and their families. The SAMI CCOE provides these services:

- Service systems consultation
- Program consultation
- Clinical consultation
- Training
- Research and evaluation



## EVIDENCE-BASED

EBPs are service models that research has demonstrated to generate improved consumer outcomes, program outcomes, and systems outcomes. Research shows that organizations which maintain fidelity to the original design of each EBP achieve and sustain the best outcomes.

## TRAINING & CONSULTING

Our consultants and trainers are experienced administrators, service providers, and researchers who offer personal attention and customized training and consultation throughout the implementation process. We understand that every service system and organization exists within a unique social, political, and economic context. Therefore, we work closely with you to adapt IDDT to the unique culture of your community and, at the same time, to maintain fidelity to the model.

This booklet is part of an evolving training and consultation process from the Ohio SAMI CCOE. It is written for policy makers, administrators, and service providers who want to implement and sustain the IDDT model.

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See page 39.

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Build trust  
Improve outcomes  
Promote recovery



## Resources

To obtain additional printed copies of this booklet, contact our office or visit our web site for an order form.

Additional resources are listed on page 38.



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